

**HOMELESSNESS
IN THE
CITY OF BOSTON
WINTER 2003-2004**

**ANNUAL CENSUS REPORT
DECEMBER 8, 2003**

MAYOR THOMAS M. MENINO



**Emergency Shelter Commission
Jim Greene, Acting Director**

EXECUTIVE SUMMARY

On the night of the homeless census there was **6,241** homeless men, women and children counted in Boston compared to **6,210** last year. This would seem to be a statistically insignificant increase of **0.005%** of people counted. However, given the diminished capacity in the overall system, this number remains unacceptably high.

FAMILIES

The total number of homeless families in shelter, domestic violence and transitional programs is **2,366** this year compared to **2,328** last year - an increase of **1%**.

INDIVIDUALS

The total number of homeless men and women on the streets and in all residential facilities was **3,875** compared to **3,882** last year, a statistically insignificant decrease of less than one percent. Of this number, 2,042—more than half, were placed in a health care, mental health treatment, substance abuse treatment or transitional housing program.

THE INVISIBLE HOMELESS

Fluctuating shelter capacity, the loss of acute substance abuse treatment beds, and more stringent eligibility requirements for access to family shelter through state programs results in a dramatic undercount of the numbers.

The total number of homeless individuals in acute treatment (detox) plummeted from **292** last year to **176** this year. This represents a **39%** decrease, but it is an artificial decrease spurred by the loss of state funding for **40%** of all Boston area detox beds. Many of the overflow beds that were available during last year's census just came on line; many of the individuals who would have occupied those beds were also not counted. There has also been an additional net loss of **131** state-funded overflow beds in the Boston area in the past two years.

Only families that meet stringent eligibility requirements through the state make it in into emergency family shelter. A study by the McCormack Institute estimated that of the **10,000** families that experience homelessness in Massachusetts each year, only **4,000**, or **40%** of those who need shelter are served. A more conservative estimate by the Massachusetts Coalition for the Homeless revealed that **46%** of homeless families that applied for shelter were denied. Using this analysis brings the estimated total of families in need of emergency shelter to **3,035**.

SHUT OUT OF THE SYSTEM

Where do the people who would otherwise have been counted in detox beds, overflow shelter beds, or family shelters go? Anecdotal evidence suggests that these families and individuals seek shelter in subway tunnels and abandoned buildings, in cars, on the couches of friends and relatives, and in the hallways or common rooms of SROs. While it is difficult to quantify the exact number of the homeless living in these conditions, the expectation is that their numbers would dramatically increase the total count.

STREET COUNT IS UP

This year there were **230** individuals on the streets compared to **212** last year. This represents an increase of **8%**. Additionally, the preceding weekend's snowstorm most likely drove homeless people into unconventional places where they were not counted. The possibility exists that the street count number may actually be higher.

MORE HOMELESS IN HOSPITALS

This year there were **291** homeless men, women and children in hospitals and hospital-based long-term care, compared to **184** last year. This represents an overall increase of **58%**. An additional **87** men and women were in medical respite beds, for a total of **378** homeless persons in health care facilities.

ADOLESCENTS FASTEST GROWING POPULATION

Though they make up a proportionally small percentage of the overall homeless population, the number of homeless youth in adolescent programs has doubled. There were **52** adolescents as compared to **26** the previous year. This is an increase of **100%**.

COMPARISON: 2003/1993

The number of Boston's homeless has increased by **30%** in the past decade. There were **6,241** homeless people in the City of Boston in 2003 compared to **4,809** in 1993. There are **1,291** homeless children in Boston compared to **1,245** in 1993; this small percentage increase of **4%** reflects the fact that we are now comparing data to a troubling **91.7%** spike in the number of homeless families a decade ago.

There are **1,503** homeless women in 2003 compared to **1,137** in 1993, an increase of **32%**. There are **3,447** homeless men in 2003 compared to **2,427** in 1993, an increase of **42%**. Although the number of homeless men is rising at a slower rate than the number of women and children, homeless men continue to make up the largest percentage of the population, **55%**. Many of these men suffer from a chronic disability such as mental illness and/or substance addiction.

CENSUS METHODOLOGY

HOMELESS PEOPLE LIVING IN SHELTER

Approximately one month prior to the actual census, Boston's Emergency Shelter Commission mailed an advisory to all of the city's shelter providers and transitional programs to inform them of the study. Shelter contacts were informed of the date of the census and how the survey would be conducted. The Shelter Commission also solicited volunteers for the street count. Each program was asked to tabulate the population of their sheltering program on the night of the count. The City's Emergency Shelter Commission then contacted each shelter on December 9th to obtain the total from the previous night.

HOMELESS PEOPLE LIVING ON THE STREET

The City was divided into thirty-six separate areas for the purpose of the census. Due to an early blizzard that dumped anywhere from eighteen inches to two feet of snow on the streets of Boston in the two days prior to the census, volunteers on foot faced additional challenges during this year's count. The downtown areas are ordinarily small enough to be thoroughly covered by volunteers on foot; this year, for teams that reported no one to count, numbers were crosschecked with mobile street outreach vans that covered those areas during the hours of the census. In two locations, small pockets of individuals staying on the street and *not otherwise counted* were added to the street count to compensate for the difficulty those teams on foot had in accessing those locations. Outlying neighborhoods, where few homeless people have been identified in the past, were covered by car. Even in these neighborhoods, volunteers were expected to leave their vehicles and conduct the census by foot in areas with a higher likelihood of finding homeless individuals. Volunteers were provided with a list of locations to be checked thoroughly in their assigned area.

All teams utilized radios and cell phones to facilitate communication during the census, to guarantee the volunteers' safety, and to call for emergency medical assistance if needed for individuals encountered on the street. Volunteers also used three vans to transport homeless individuals who requested assistance in getting to a shelter.

DEMOGRAPHIC INFORMATION ON HOMELESS PEOPLE

The Center for Social Policy at the McCormack Institute, University of Massachusetts Boston oversees the Connection, Service, and Partnership through Technology (CSPTech) project, previously known as the ANCHoR Project. This homeless services data system, a networked computerized record-keeping system funded by the State and the City of Boston, is being implemented throughout the Commonwealth.

THE VOLUNTEERS

The Emergency Shelter Commission recruited volunteers who are neighborhood residents, City employees, City Year volunteers, and staff at the various programs that serve homeless people. Volunteer selection is important, since those who work with this population can assist other volunteers in avoiding stereotypes often associated with homelessness. The count started at 9:45 p.m. This late hour also ensures that most businesses or other places of temporary refuge are closed. In addition, the study was scheduled for a Monday night/Tuesday morning, when there is less general pedestrian traffic than at other times during the week.

This census count has been conducted annually on the second Monday of December. At the time of this street census, the temperature was 32 degrees under clear skies with wet conditions due to the weekend snowstorm. Last year's street census was conducted in 19 degree weather.

Volunteers were asked to designate people by the following identifiable factors:

1. Was the individual definitely or possibly homeless?
If it was unclear in specific situations, volunteers were asked to record these individuals as "possible." The city included people listed as "possible" in the count presented in this document.
2. Was the individual in need of medical attention?
The census volunteers included many medical professionals from Boston's Health Care for the Homeless Program.
3. Did the individual need transportation to shelter?
While Pine Street Inn operates two nighttime outreach vans, some individuals encountered on the night of the Census may be unaware of these services. For such persons, or for any homeless person having difficulty accessing shelter, the Census used three vans provided by Long Island Shelter as well as the Pine Street's outreach vans to transport people to various programs throughout the city.

Since several different outreach programs serve the outdoor homeless population, our purpose was simply to determine the size of the homeless population in Boston and not duplicate outreach work.

HISTORY

The City's Emergency Shelter Commission conducts the census of Boston's homeless population annually. The 1983 study, conducted by six volunteers working over a period of two weeks, was the City's first attempt to identify the size of the street population associated with homelessness. This early work on counting the homeless has inspired projects that have provided a clearer picture of the scope of the homeless population in the City of Boston. The study has grown to include dozens of non-profit service organizations, over 250 volunteers, and appropriate City agencies as directed by Mayor Menino.

PURPOSE AND LIMITATIONS

The annual homeless census informs the Mayor about the number of homeless people in our City and what resources the City will need in order to meet our commitment. Under the leadership of Mayor Menino, the City of Boston continues its commitment that no individual will go without a bed, without a meal, without medical care, without opportunity and hope simply because they are homeless.

Until the scope and nature of the problem could be defined, government agencies were not adequately prepared to address important service delivery issues. Prior to conducting the first census count of the homeless in 1983, some estimates of the number of homeless in Boston varied by as much as ten thousand people. Many major cities in the U.S. still do not undertake an actual physical count. With more accurate numbers, the City of Boston and providers are able to take a comprehensive approach to ending homelessness. Better coordination of services, including street outreach, emergency shelter, food, clothing, healthcare, employment training, substance abuse treatment, and mental health treatment not only enables homeless people to survive but also helps them move beyond shelter to more independent and productive lives. Housing remains the ultimate goal of citywide homeless services.

While the census provides useful data for understanding homelessness, it should be noted that the count is a 'point in time' study of the night of December 8th. The census does not track how people move in and out of homelessness nor does it count how many people are homeless in a given year in Boston. The CSPTech Management Information System now being implemented statewide will provide more useful aggregate information on the needs of homeless people and the resources that can help them move towards self-sufficiency and housing.

THE POPULATION ON THE STREET

	Winter 2003-2004			Winter 2002-2003		
	Male	Female	Children	Male	Female	Children
Street Count	199	31	0	175	37	0
TOTALS	230			212		

Despite a winter storm that dumped eighteen or more inches of snow on the City, *more* people were found on the street the night of the census this year than one year ago. There were **230** men and women counted compared to **212** last year, an increase of **8%**. Like other municipalities affected by the Commonwealth's affordable housing crisis, Boston is weathering a nearly six-year period during which the shelter system has been over capacity. This year, State funding for seasonal overflow beds to relieve some of this overcrowding only came on-line in the beginning of December, about one month later than last year, affecting the ability of homeless persons to find and access these critical shelter resources. On the night of Boston's street count the temperature was 32 degrees, compared to 19 degrees last year.

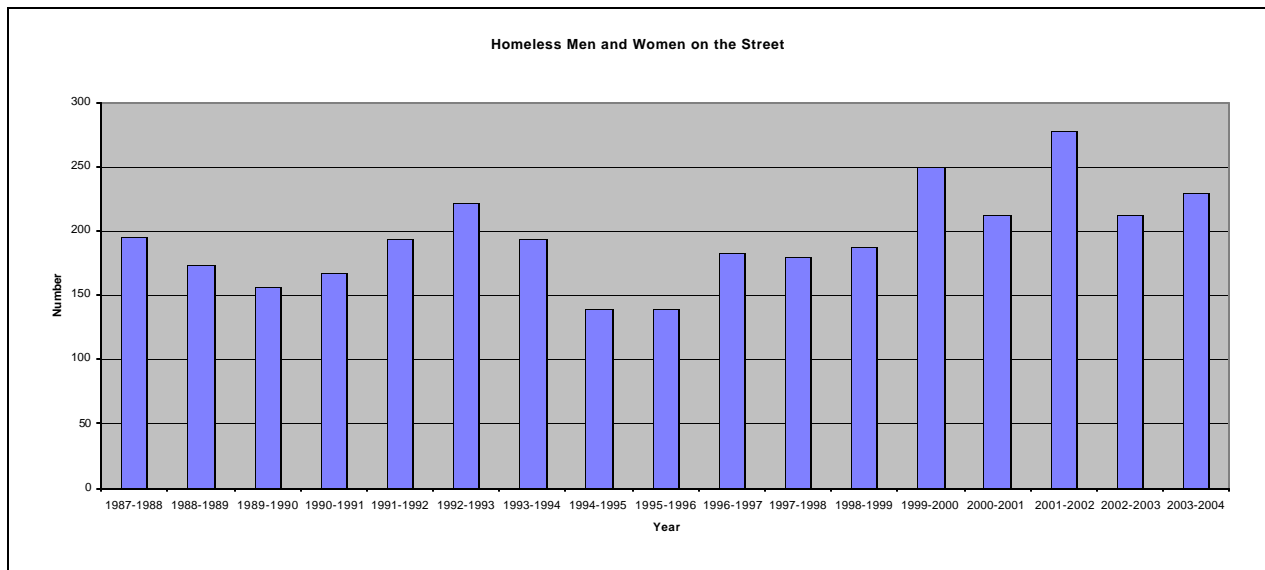
The street homeless population in the City of Boston varies somewhat depending on the season of the year. Significantly more people are seen on the street during the warmer months than in the winter. Many of the chronically homeless men and women who sleep on the streets year-round are mentally ill or abuse drugs and alcohol. A significant number are 'dually diagnosed,' with both mental illness and substance abuse issues. Many year-round street dwellers report difficulty dealing with the overcrowded conditions found in the city's shelters. In general, the homeless seen on the street include some of the most vulnerable and at-risk individuals in the City's homeless population, and some of the most independent and resourceful as well.

To respond to this diverse range of needs, daytime and overnight outreach programs staffed by Friends of the Shattuck Shelter, the Pine Street Inn and Tri-City Mental Health collaborate closely. Over the past several years, outreach programs have expanded coverage to include Boston's Back Bay, Chinatown, Downtown Crossing, Downtown North, Government Center and Waterfront neighborhoods. Pine Street Inn operates two nighttime outreach vans that work closely with this hard-core population. The Boston Health Care for the Homeless street team provides medical assessment, referrals and follow-up for the street population, in collaboration with the outreach programs mentioned above. In addition, clinicians from the State Department of Mental Health Homeless Outreach teams also focus on the street homeless population. Bridge Over Troubled Waters also continues to operate its outreach van targeting youth and adolescents. Additional mobile outreach is provided twice weekly by Starlight Ministries, a program of the Emmanuel Gospel Center in Boston's South End.

The City's Emergency Shelter Commission (ESC) and Boston Police District A-1 have convened the District A-1 Task Force on Homelessness since 1994. This community coalition brings together a diverse body to problem solve and implement a broad-based response to street homelessness in the City Center. In addition to the ESC and the BPD, regular A-1 Task Force participants include the Boston Emergency Medical Services, the MBTA Police Department, other public health and public safety officials, street outreach teams, mental health providers, homeless activists and faith-based and community organizations. The business community is represented by the Downtown Crossing Association and other associations; and higher education by institutions with downtown campuses such as Emerson College and Suffolk University.

The A-1 Task Force has produced a community guide for responding to homeless persons in need. A sub-committee of the A-1 Task Force has been charged by the City's Homeless Planning Committee with recommending action steps to better link the Chronically Homeless street population to services, healthcare and housing.

The City of Boston's comprehensive approach to the chronically homeless street population has been named a Best Practice by the United States Department of Housing and Urban Development (HUD), one of a select group of seven cities so honored.¹



¹ Martha R. Burt, John Hedderson et al., *Strategies for Reducing Chronic Street Homelessness* (2004) Walter R. McDonald & Associates, Sacramento, Ca and The Urban Institute, Washington, DC. The full report can be accessed at: www.huduser.org/publications/povsoc/chronichomelessness.html.

HOMELESS ADULTS IN SHELTER

	Winter 2003-2004		Winter 2002-2003	
	Male	Female	Male	Female
Betty's Place	0	15	0	20
Kingston House	68	15	112	16
Long Island Shelter ²	341	41	339	46
Woods-Mullen	136	63	133	66
LIS Annex	N/A		104	0
McInnis House Respite	0	0	70	0
New England Vets Shelter	160	9	218	0
Pine Street Inn Men's Inn	409	0	405	0
Anchor Inn/MTHP	140	0	196	0
Women's Inn	0	116	0	112
Holy Family	65	0	60	0
Boston Night Center	46	17	43	17
Rosie's Place	0	20	0	20
Sancta Maria	0	9	0	9
Shattuck Shelter ³	98	24	170	21
Snead House Respite	N/A	N/A	0	17
Tri City Safe Haven	0	6	0	6
United Homes	116	0	106	0
YMCA - Cardinal Medeiros	0	0	88	0
SUB-TOTALS:	1579	335	2044	350
TOTALS	1914		2394	

HOMELESS ADULTS IN SHELTER

There were **1579** men and **335** women in adult shelters on the night of the census - for a total of **1914**. This critical safety net system is under-funded and overburdened. On the night of this year's homeless census, despite a major weekend snowstorm, Boston's street count was up. The Pine Street Inn had 102 men sleeping in the lobby. According to the Massachusetts Housing and Shelter Alliance, Emergency shelters for adults have been in a continuously over capacity for 72 months. In July 2002, the State implemented a 15% cut for adult shelters. Due to these cuts, overflow beds are again limited to seasonal operation during the winter. This year, State funding for emergency overflow beds was not provided until December 1st, one month later than in previous winters. Late availability of such beds poses particular challenges for homeless individuals. Despite increased demand, there has been a net loss of 131 fewer beds or cots for emergency overflow over the past two years.

² Long Island Shelter no longer includes Safe Harbor and SOAR under Emergency Shelter; these are now included under Transitional Programs.

³ No longer includes Stabilization, TIL, and Expanded Day; these are now listed under Transitional Programs.

The shelter system continues to be the safety net for the failures of other systems in our state. For every person who has been successfully placed in housing, a newly homeless person has taken his or her place. Shelters report increasing numbers of young adults and ex-offenders are entering the shelter system. Shelters for individuals report more workingmen and women, with more than 40% employed. Two in five had no formal source of income.⁴

Because of Boston's longstanding commitment to creating *solutions* to homelessness, rather than warehousing people, in the past year alone more than 1500 formerly homeless people used the safety net of emergency shelter, received the assistance they needed, and moved through the continuum of care and into permanent housing. Despite inadequate resources, Boston's shelter system continues to develop innovative and successful approaches to help people move beyond homelessness. Today, transitional programs comprise approximately *one-third* of our adult shelter system. Boston's numbers demonstrate that with appropriate resources homeless people can break the cycles of poverty and dependence and move beyond shelter.

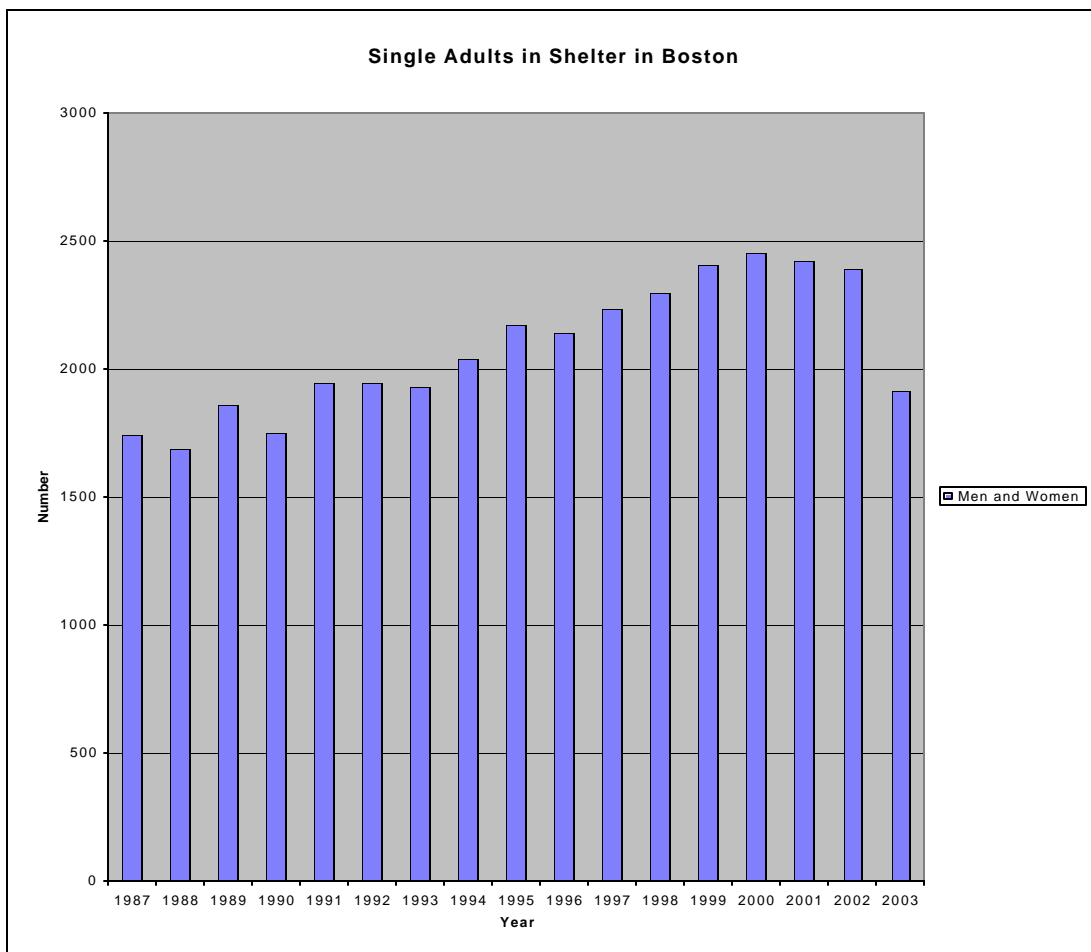
The City credits the McKinney-Vento Homeless Assistance grants received from the U.S. Department of Housing and Urban Development for much of the transitional movement out of shelters. HUD has long recognized the strong collaboration between local government and homeless service providers in Boston's Continuum of Care. The City leverages significant resources from the federal government in order to change the trajectory of homeless programs toward increased self-sufficiency and housing. In order to create greater housing opportunity for homeless people, HUD must make a renewed commitment to federal rental housing subsidies.

To address the City's affordable housing problem, in July 2000, Mayor Menino, the Department of Neighborhood Development (DND), the Boston Housing Authority (BHA) and the Boston Redevelopment Authority (BRA) developed the *Leading the Way* initiative.⁵ With ambitious goals to produce **7,500** new units and to preserve **10,000** existing units of affordable housing, *Leading the Way* prioritized affordable housing for homeless people as part of the City's overall housing strategy. After three years, *Leading the Way* surpassed its production goal, as **7,913 units** were produced or permitted. Preservation proved somewhat more difficult: by the time the *LTW* report was issued last October, **9,576** units had been preserved, including *all* 3,142 federally subsidized units at risk of conversion to market rate rents. *Leading the Way* targeted a minimum of 300 units/year to the homeless and those most at risk of homelessness. As of June 30, 2003, a total of **1,078** units for the homeless or those most at risk of homelessness had been permitted or completed.

A range of strategies and partnerships was necessary to achieve these goals. The BHA's continued commitment gives priority status to homeless applicants. DND's 10% set aside requirement for rental units developed with City resources was critical to surpassing the original goals of this plan. The City encouraged the State to replicate these models. Toward this end, in December 2002, Mayor Menino introduced his Bond Bill proposal, calling for such set asides and other initiatives to fight homelessness in the City and the Commonwealth. For more information on Mayor Menino's "Act to Remediate Homelessness in the Commonwealth of Massachusetts," please contact the Emergency Shelter Commission at (617)-635-4507.

⁴ Michelle Kahan, Tatjana Meshede, and Michelle Hayes (2000) *A Comparative Portrait of Individuals and Families Utilizing Boston Emergency Shelter Programs, 1999*. McCormack Institute, University of Massachusetts Boston.

⁵ A copy of *Leading the Way* can be downloaded from: www.cityofboston.gov/dnd/W2_Housing_Strategy_Report.pdf or by mail by calling DND at 617-635-0259.



HOMELESS FAMILIES IN SHELTER

FAMILY SHELTERS

	Winter 2003-2004			Winter 2002-2003		
	Male	Female	Children	Male	Female	Children
Boston Family	0	7	9	1	7	10
Casa Nueva Vida	0	9	15	0	9	16
Crittenton-Hastings	0	40	49	0	22	32
Crossroads	4	12	23	1	13	27
Families-In-Trans.	0	22	32	0	20	29
Family House	2	19	33	2	20	29
Hildebrandt	2	17	29			
LifeHouse	0	10	11	1	11	13
Margaret's House	0	32	48	0	32	53
Project Hope	0	9	10	0	8	14
Queen of Peace	0	2	3	0	9	8
Salvation Army	0	5	14	1	5	12
Sojourner House	1	8	11	1	8	14
St. Ambrose Inn	0	12	20	1	11	17
St. Mary's Home	0	17	14	0	18	19
Temporary Home	0	17	20	0	16	22
Traveler's Aid	10	34	83	1	8	18
SUB-TOTALS:	19	272	424	9	217	333

OTHER TYPES OF FAMILY SHELTER

	Winter 2003-2004			Winter 2002-2003		
	Male	Female	Children	Male	Female	Children
Families in Shelter or hotels outside Boston*	21	115	222	36	217	324
Scattered Site Shelter	39	169	358	65	177	413
SUB-TOTALS:	60	284	580	101	394	737

TOTAL HOMELESS FAMILIES IN BOSTON

	Winter 2003-2004			Winter 2002-2003		
	Male	Female	Children	Male	Female	Children
	79	556	1004	110	611	1070
TOTALS		1639			1791	

HOMELESS FAMILIES IN SHELTER

While many factors contribute to the plight of homeless families, poverty is the primary cause of this complex social problem. Insufficient income relative to the high cost of housing, coupled with an inadequate regional supply of affordable low-income rental units are at the root of family homelessness. For many households, incomes have not kept pace with rents.

The Commonwealth's Department of Transitional Assistance (DTA) is legally responsible for sheltering families. The City of Boston's Emergency Shelter Commission continues to receive calls from families that are denied access to shelter, particularly working poor families and families evicted from subsidized housing. With eligibility criteria for admission restricted to 100% of the federal poverty level, the emergency family shelter system administered by DTA is not accessible to all families with housing needs. Homeless families from Boston are also placed by DTA in shelters and hotels outside of the City.

Boston households struggling with high rent burdens are often forced to stay wherever they can. According to the Center for Social Policy at UMass Boston, 43% of families that entered shelter identified homes of relatives or friends as their prior living situation; 37% came from a rented home. The State-funded shelter system no longer provides an adequate safety net for many of these families. Families not served by the system face extremely high housing costs.⁶ Many remain in over-crowded or unsafe living situations, or are forced to split up.

The length of family shelter stays is a mixed picture for Boston families. Family stays for those households able to successfully negotiate the system can average one year or longer in some shelters. Other families, especially those staying in hotels/motels, are exiting the system more quickly. Without Section 8 housing subsidies, many families exit shelter *without obtaining housing*. Shelter-termination cases documented as having "left for other reasons" are not currently tracked by the State. Better data is needed on why these families exited the system.

Traveler's Aid of Boston continues to provide shelter on a limited basis to families who are not able to access shelter through DTA. Traveler's Aid is serving more families than ever and is facing increasing financial pressures. With the safety net inaccessible to many of these families because of more stringent shelter eligibility requirements, the system is increasingly challenged to ensure that families do not fall through the cracks.

One in five families was working when they entered shelter, with 18% of those families having a mix of income from employment and public assistance. 5% of families entering shelter had no income at all.⁷ The two-year time limit for TAFDC, imposed on December 1, 1998, impacted households by reducing income for families irrespective of their ability to provide financially. The TANF reauthorization did not sufficiently correct flaws in the original Federal legislation. The percentage of Boston homeless families receiving TAFDC dropped from 71% in 1997 to 56% in 2001. At the same time, unemployment rose in the hospitality and services sectors where many low-income heads of household seek work.

⁶ This year, the National Low-Income Housing Coalition's annual survey of housing affordability, *Out of Reach*, found Massachusetts to have the highest housing costs statewide relative to income in the nation. The Greater Boston metropolitan area was ranked fifth in the nation. To afford a market-rate 2-bedroom unit without paying more than 30% of income on rent, a family in Boston needs to earn at least \$56,760/yr. Families below 30% of Area Median Income earn less \$24,240/yr, yet they are over-income for shelter. Families receiving welfare benefits average \$18,000/yr. Cf. *Out of Reach—America's Housing Wage Climbs* (2003) <http://www.nlihc.org/or2003>

⁷ *Characteristics of Homeless Families Accessing Massachusetts Emergency Shelters, 1999-2001*.

Families cut off from benefits need living wage jobs with adequate career advancement opportunities to survive. The UMASS Boston survey from 1997 reported that 42% of parents in shelter had not completed high school and had no GED.⁸ More recent data reports that 25% of homeless families are working but still unable to find housing.⁹ Shelter rules include pressures to increase work requirements, despite a lack of adequately paying jobs with career ladders for lower-skilled workers. Even low paying jobs sometimes put a single parent over-income for shelter. Difficulty accessing childcare slots, educational disruption and lack of paternal financial support compound the problem. For these families, market-rate rents are far higher than they can afford. Economic and career advancement opportunities should not mean a free fall into unreasonable market-rate rents for families seeking to move from shelter to housing.

The innovative Transition to Work Collaborative, funded by the City with Federal McKinney-Vento money, helps homeless families to improve education and job skill levels as they strive to achieve the increased earning capacity necessary to move from shelter to permanent housing. However, the State's budgetary woes should not undercut job training and career advancement opportunities for low-income women competing with other unemployed persons for jobs. These factors compound the adversity that families face, and exacerbate the stresses under which they are raising their children.

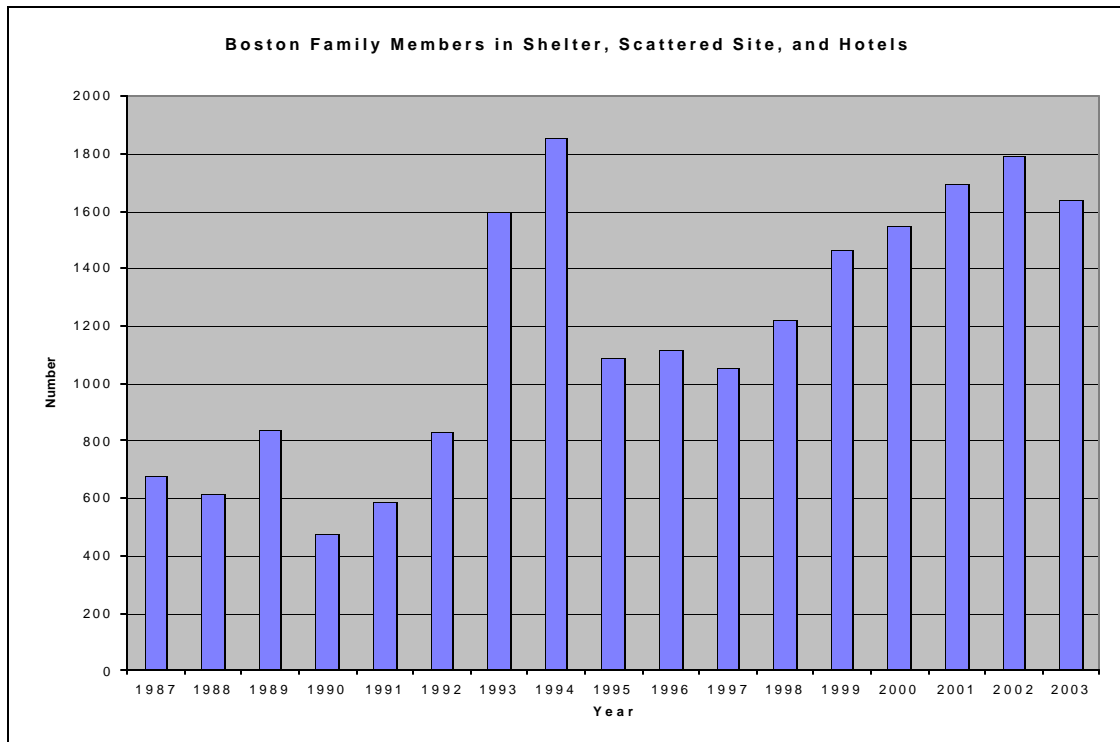
Families that are over-income for shelter are well *below*-income to afford market-rate rents. The Boston Housing Authority had been expediting processing of Section 8's for homeless people, and Mayor Menino had specifically targeted Section 8 certificates to Boston families sheltered in hotels and motels. In addition, the Mayor had allocated \$250,000 for security deposits for families sheltered in hotels/motels or other emergency family shelters.

This successful movement of Boston families from shelter to housing came to a screeching halt with the Federal Section 8 crisis. The BHA has utilized all of its allocated vouchers. Without movement on the Federal level, a recent report by the BHA states that the only availability for new issuance of vouchers will be as current participants in the program end their participation. This would end up serving roughly 500 out of nearly 8,000 Extremely Low-Income families currently on the BHA waiting list. If HUD does not remedy this situation, unofficial estimates project waits of up to 1-2 years for certificates that homeless families were obtaining in 3-4 months.

On the Federal level, the Section 8 Crisis, insufficient resources for low-income housing production, ballooning Federal budget deficits, unfunded federal mandates to States and increased costs for homeland security and defense are also likely to mean more cuts to programs that fight poverty, hunger and homelessness. Despite these challenges, the Mayor has convened a new citizen advisory panel to work with the City's Department of Neighborhood Development, the Boston Housing Authority, the Boston Redevelopment Authority and the Emergency Shelter Commission to develop a new plan to build on the City's successful comprehensive three-year housing campaign, *Leading the Way 2*.

⁸ *A Snapshot of Individuals and Families Accessing Boston's Emergency Shelters, 1997*, p.27.

⁹ *A Comparative Portrait of Individuals and Families Utilizing Boston Emergency Shelter Programs, 1999*.



DOMESTIC VIOLENCE PROGRAMS

	Winter 2003-2004		Winter 2002-2003	
	Female	Children	Female	Children
Asian Shelter Advocacy Project	6	7	8	10
Casa Myrna Vazquez	29	41	34	41
Dove, Inc.	7	7	7	6
Elizabeth Stone House	23	34	35	33
FINEX	10	10	9	9
Harbor Me (Boston families)	1	0	3	3
Renewal House	5	7	5	6
Transition House	11	11	4	5
SUB-TOTALS:	92	117	105	113
TOTALS	209		218	

On the night of this year's census, there were 209 women and children in Boston area Domestic Violence programs, down from 218 the previous year. Advocates report that the system remains at capacity. Requests for shelter exceed the number of beds, a situation that continues to endanger the victims of battering and domestic violence.

The domestic violence shelters and the family shelters are operated as separate systems: battered women's shelters are mostly funded by the Dept. of Social Services while the Dept. of Transitional Assistance provides most of the funding for family shelters. Because the State imposes a 90-day limit on the amount of time a woman can stay at a battered women's shelter, these women often have to leave these domestic violence programs before they have secured housing. Consequently, many of these women then enter the emergency shelter programs for homeless families. Since becoming Mayor, Mayor Menino has given battered women a higher priority for Section 8 and public housing in an effort to decrease the amount of time these families have to stay in shelter. These households are also being adversely affected by the faltering federal commitment to the Section 8 voucher program.

Clearly, domestic violence is a reality that puts women served by both the adult shelters and the family shelters at risk. The UMASS Boston survey indicated that 22% of female heads of families in the family shelters reported abuse by a partner or household member within the past 12 months.¹⁰ Most troubling of all are reports that some women remain in, or return to, abusive or battering situations rather than seek state-funded shelter. Denying these families emergency shelter only exacerbates their problems. It would be less disruptive if battered women and their children could receive shelter in one location while they are seeking housing, and not have to bounce between the domestic violence system and the family emergency system.

¹⁰ A Snapshot of Individuals and Families Accessing Boston's Emergency Shelters, 1997 p.22.

ADOLESCENT PROGRAMS

	Winter 2003-2004			Winter 2002-2003		
	Male	Female	Children	Male	Female	Children
Bridge Transitional Living Program	8	9	0	5	3	0
Bridge-Coop Apts	2	1	0	3	4	1
Bridge-Women's & Children's Residence	0	14	15	0	5	4
Bridge "Host Homes"	2	1	0	1	0	0
SUB-TOTALS:	12	25	15	9	12	5
TOTALS	52			26		

As mentioned in the Executive Summary of this report, this year adolescents and their children are the fastest growing sub-population of Boston's homeless. There were **52** youth and youth with children compared to **26** one year ago; this is an increase of **100%**. Moreover, while the overall number of adolescents living on the streets or in shelters relative to the total homeless population remains proportionately small, this year's doubling of the youth population follows a near-doubling last year. From 2001-02 to 2003-04, the number of adolescents more than tripled, increasing from **15** to **52**.

As the table above shows, a significant amount of that increase reflects the number of children in families headed by a homeless adolescent; this year, there were as many children in the Bridge Over Troubled Water's Women's & Children's Residence, (**15**) as there were youth on the street in total two years ago. When families of youth disapprove of, or cannot support a teen that has gotten pregnant, the situation is often a precipitant to homelessness. According to a report released last year by Homes for the Homeless and the Institute for Child Poverty entitled, *Children Having Children: Teen Pregnancy and Homelessness in New York City*, teen mothers are often either continuing, or triggering a cycle of intergenerational poverty, homelessness and teen pregnancy.¹¹

With a small number of units dedicated to this population, these programs are essentially operating at capacity. The adult shelters, such as Pine Street, Long Island, and Shattuck, also have reported an increase in the number of young people over 18 years of age using adult programs; these programs do not offer services to anyone younger than 18 years based on the belief that the adolescent group has specialized needs that can best be addressed elsewhere.

The City continues to be concerned about youth "aging" out of the DSS and DYS systems, i.e. turning 18 years of age and no longer being eligible for services. Providers report that many of their young clients have had DSS and DYS involvement.

Bridge Over Troubled Waters, funded by the City with Federal McKinney money, continues to operate its transitional day program for homeless youth and young adults living on the streets or in the adult emergency shelters.

¹¹ Cf. *Children Having Children: Teen Pregnancy and Homelessness in New York City*, April 2003, pp.1-4.
<http://www.homesforthehomeless.com/reports.html>

HOSPITALS & OTHER HEALTH CARE

HOSPITAL EMERGENCY ROOMS

	Winter 2003-2004		Winter 2002-2003	
	Male	Female	Male	Female
Beth Israel-Deaconess	2	0	2	0
Boston Medical Center	2	0	8	0
Brigham & Women's	1	1	1	1
Carney Hospital	0	0	2	1
Massachusetts General	7	1	1	0
New England Medical Center	1	0	6	1
St. Elizabeth's	1	1	0	0
SUB-TOTALS:	14	3	20	3
TOTALS	17		23	

HOSPITAL INPATIENT

	Winter 2003-2004		Winter 2002-2003	
	Male	Female	Male	Female
Beth Israel-Deaconess	1	0	0	0
Boston Medical Center	20	9	2	2
Brigham & Women's	1	1	6	1
Carney Hospital	0	0	11	7
Children's Hospital	1C	0	0	0
Faulkner Hospital	3	0	3	1
VA	142	9	60	1
Massachusetts General	11	2	7	2
New England Medical Center	0	3=2A/1C	2	0
Shattuck Hospital	56	32	49	27
St. Elizabeth's	0	0	2	1
SUB-TOTALS:	235	56	142	42
TOTALS	291		184	

MEDICAL RESPITE FACILITIES

	Winter 2003-2004		Winter 2002-2003	
	Male	Female	Male	Female
Barbara M. McInnis House*	67	20		
SUB-TOTALS:	67	20		
Health Care TOTALS	395			

* The Barbara M. McInnis House medical respite facility was formerly listed under the adult emergency shelter category.

HOSPITALS & OTHER HEALTH CARE

The number of homeless persons in Boston hospitals on the night of the census spiked dramatically this year. The total number of homeless persons on inpatient units increased from **184** a year ago to **291** - a **58%** increase, while the numbers in Emergency Rooms decreased slightly. Last year this report warned that the pending loss of Medicaid coverage for homeless persons would cause greater difficulty accessing health care services, which, in turn, would result in increased utilization of emergency rooms and other critical care, at *greater* cost to health care providers, the City and the State. Unfortunately, these cuts went forward, with predictably deleterious consequences for homeless and uninsured persons. By the time the MassHealth Essential program was reinstated, health care access and continuity of care for vulnerable populations such as the homeless were adversely affected.

Led by the Boston Health Care for the Homeless Project (BHCHP) Boston providers worked hard to minimize any potential set back from the elimination of MassHealth Basic last spring. Although the number of uninsured homeless people cared for *increased* by **469** during the last year, this number would have been over **1,000** had Boston's network of providers not collaborated to re-enroll **660** homeless men and women. Still, the disruption caused by this mass dis-enrollment has caused the percentage of homeless adults cared for by BHCHP to decline from **58%** one year ago to **51%** at the present time. Approximately **7.5%** of homeless persons in the City of Boston lost their health insurance. Collaborative re-enrollment efforts are ongoing.

The disruption in Medicaid coverage cost the Commonwealth millions of dollars in matching Federal Medical Assistance Percentage (FMAP) reimbursements for health care provided to homeless and very low-income adults with high health needs. This resulted in increased utilization of the State's Uncompensated Care Pool, which continues to run at a deficit.

These same cuts were even more disruptive to detox services across the City. The loss of Medicaid funding coupled with substantial cuts to Department of Public Health funded Substance Abuse services resulted in the loss of more than fifty percent of the City's previous detox bed capacity. With resources for free care beds quickly exhausted, the acute detoxification system was unable to serve many homeless and indigent alcoholics and drug addicted persons. This loss of acute treatment options often results in a worsening public health crisis.

Fall out from this precipitous decline in detox access has rippled through the health care system and is a central factor in the dramatic increase in the hospital census reported here. Street alcoholics and addicts are often much sicker when seeking treatment than housed and otherwise healthy persons tend to be. Lack of treatment access means greater health risks and poorer health outcomes for this already vulnerable homeless population. Medicaid coverage is critical to medical and behavioral health treatment access for this vulnerable cohort.

Homeless people seeking medical attention present with ailments ranging from seizures, head trauma and broken limbs, to seasonal health risks such as dehydration or heat stroke in the summer, and frostbite and hypothermia in the winter. They are also more vulnerable to violence on the streets. Heroin addicts who are unable to access treatment are at greater risk of Hepatitis C and HIV infection. Overdose is also a major public health concern. Emergency rooms at Boston teaching hospitals see increased numbers of homeless persons with medical and substance abuse issues such as these when other health care is unavailable to them. This, in turn, exacerbates the citywide problem of emergency room diversions during periods of high demand.

Prevention of infection and overdose and other harm reduction measures are far more cost effective than the acute crises or lifelong struggles that addicted persons may otherwise face.

DETOX AND SUBSTANCE ABUSE TREATMENT

	Winter 2003-2004		Winter 2002-2003	
	Male	Female	Male	Female
Andrew House	12	2	18	3
Bay Cove New Hope TSS	19	5		
Boston Detox Transitional	10	2	4	0
Bridge to Recovery	7	0	39	14
Dimock Detox	3	1	7	2
River Street/CAB Treatment Ctr.	17	2	26	13
Tewksbury/CAB Post Detox	62	0	111	N/A
Transitions (STAIR) Post Detox	19	6	32	8
Women's Hope Post Detox	0	9	N/A	15
SUB-TOTALS:	149	27	237	55
TOTALS	176		292	

RESIDENTIAL SUBSTANCE ABUSE TREATMENT

	Winter 2003-2004		Winter 2002-2003	
	Male	Female	Male	Female
Recovery Homes /Residential	222	38		
SUB-TOTALS:	222	38		

The Substance Abuse treatment system in the Commonwealth is in a state of crisis. The number of homeless individuals in detox plummeted from **292** last year to **176** this year. On the night of the census, there were **149** homeless men and **27** homeless women in detox facilities, a total of **176**. This **40%** decrease in acute treatment access for homeless persons mirrors the loss of **40%** of state funding for all Boston area detox beds. This is a decrease of **37%** of acute treatment access for men and a troubling **51%** decrease in detox bed access for women.

Over the past two years, steep budget cuts to the State Department of Public Health Bureau of Substance Abuse Services have resulted in closure of more than half of all treatment beds in Greater Boston. Elimination of MassHealth Basic tightened eligibility for the remaining beds. There are often no openings in acute treatment programs for homeless people seeking detox. Worse yet, homeless people seeking help are being refused admission even though there are empty beds in the treatment system because they lack adequate insurance coverage.

Cuts to substance abuse prevention and treatment on demand have impacted the State during a time of epidemic heroin use in the New England region. Public health treatment data from the Bureau of Substance Abuse Services indicates that half of all admissions to drug treatment programs in Massachusetts are for heroin addiction—three times the national average.¹² Nevertheless, cuts earlier this year to basic Medicaid for the poor and disabled, and further cuts to already decimated substance abuse services were let stand in this year's State budget. This has meant fewer options for addicts during a protracted public health crisis.

¹² Massachusetts Department of Public Health, Bureau of Substance Abuse Services presentation to Office of National Drug Control Policy, "Heroin Use and Treatment Information" (October, 2003).

Lack of treatment access raises additional barriers to treatment and stabilization services, making it more likely that homeless people with untreated addictions are being cared for in shelters and on the streets. Whether they are long-time heroin addicts or infrequent first-time users, injection drug users who are unable to access prevention and treatment resources are at increased risk of HIV-infection, hepatitis and overdose. In addition to leaving the City's and the region's youth especially at risk, without treatment many addicts become unable to maintain his or her employment and housing.

The lack of treatment access additionally burdens homeless and hospital services. To respond to these needs, some programs have converted emergency shelter beds to longer-term post-detox beds. However, this relatively small number of beds cannot possibly compensate for the loss of acute and transitional substance abuse treatment services. Although the new state Medicaid program, MassHealth Essential, will increase treatment access somewhat by re-enrolling many indigent uninsured persons, the loss of service infrastructure and program capacity cannot be rectified without substantial recommitment of resources by the State.

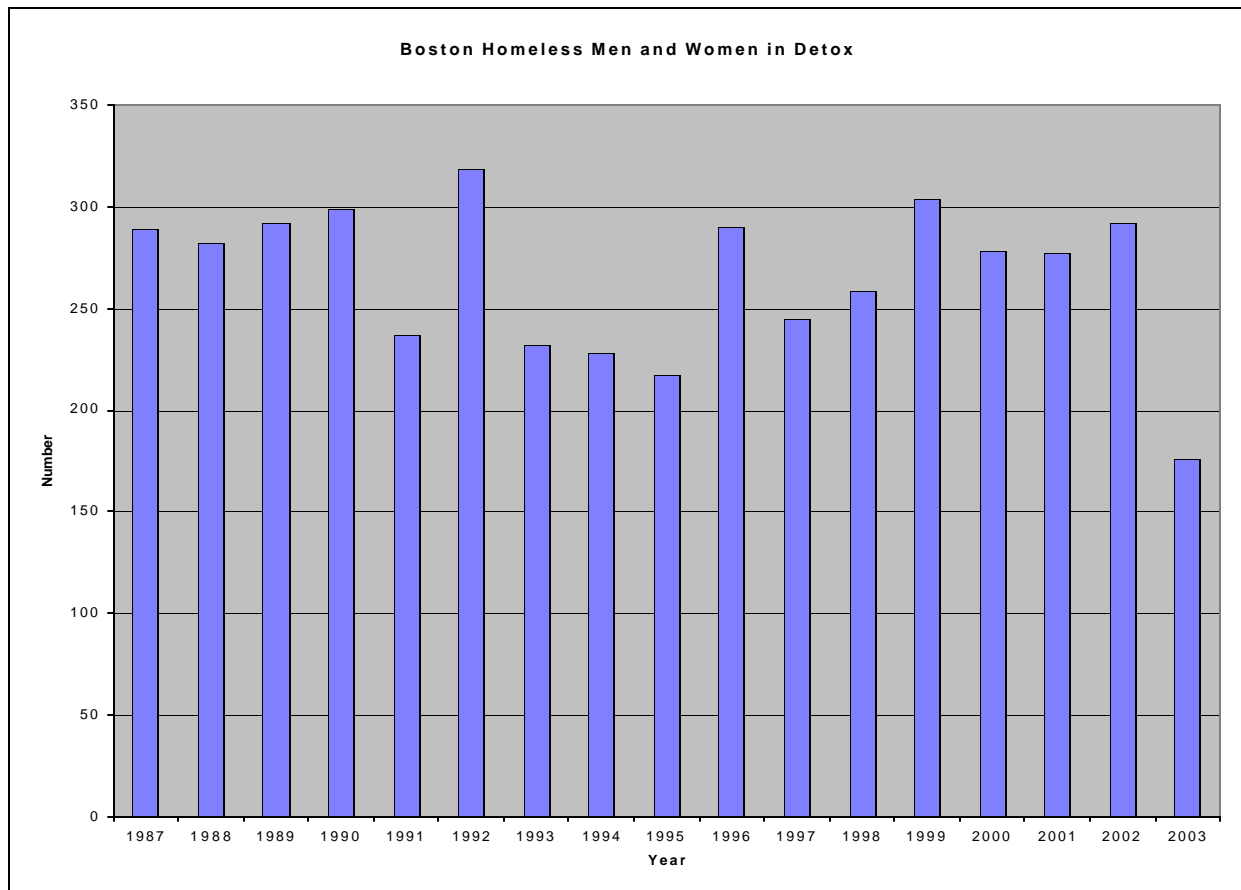
To respond to this growing epidemic, this spring Mayor Thomas M. Menino and the Boston Public Health Commission announced a new \$180,000 initiative, "Neighborhoods Organizing Against Drugs"¹³ to increase treatment options, prevention and advocacy. A broad coalition of community activists, public health officials, area hospitals, law enforcement and criminal justice officials, substance abuse treatment providers and HIV/AIDs prevention and treatment advocates should join the Mayor's call for a renewed commitment of resources. Prevention programs, treatment on demand and long-term, medically assisted treatment are urgently needed to stem this epidemic.

There are signs that the State appears to be awakening to the financial, societal and economic cost of these cuts. With a heroin epidemic ravaging Massachusetts and the Northeast, a summit meeting of the six New England states was hosted last October at Boston's Faneuil Hall. Afterwards, the Governor vowed to increase funding for drug addiction programs. Following the Boston Public Health Commission's lead, a comprehensive statewide and regional strategy for youth at risk from this regional public health crisis is needed.

The State and the Criminal Justice system must put more resources into substance abuse prevention, education and treatment. Incarceration is far more expensive than substance abuse treatment. A lack of treatment resources will also doubtlessly mean increased court involvement and utilization of Department of Corrections resources, again at increased cost to the City of Boston, Suffolk County and the State. For inmates, a prison sentences without substance abuse treatment, educational, or vocational services is a recipe for relapse and recidivism as soon as he or she is no longer incarcerated.

¹³ Cf. Boston Public Health Commission media alert: **Mayor Menino Increases Funding to Fight Heroin and Other Drug Abuse: The NO Drugs Initiative Provides \$180,000 to Increase Treatment & Prevention** March, 2004. http://www.bphc.org/news/press_release_content.asp?id=263.

HOMELESS MEN AND WOMEN IN DETOX AND SUBSTANCE ABUSE TREATMENT



HOMELESS MEN AND WOMEN IN MENTAL HEALTH FACILITIES

Winter 2003-2004 Winter 2002-2003

	Male	Female	Male	Female
Albany Lodge	14	5	15	4
Bay View Inn	23	0	24	11
Fenwood Inn	27	4	30	13
Lindemann Inpatient	22	4	17	5
Metro Boston Inpatient Unit ¹⁴	81	23	91	26
Parker Street West	0	20	0	20
Solomon Carter Fuller Inpatient	29	5	25	6
St. Alphonsus Respite	4	0	3	0
West End Shelter	21	10	24	11
SUB-TOTALS:	221	71	229	96
TOTALS	292		325	

This year, there were **221** men and **71** women, a total of **292** homeless individuals in Department of Mental Health homeless programs, a **10%** decrease from the previous year. The City and State have long recognized that mental illness is a significant factor for a large percentage of the homeless population. The City commends DMH for creating housing units for these clients. The ability of housing providers in the City and State to develop innovative and accessible housing with supportive services for this population could be jeopardized by the failure of the Federal government to make available sufficient project-based Section 8's for these programs. These subsidies are urgently needed to ensure that stable, permanent supported housing is available to every person with mental illness who is currently homeless.

A new Safe Haven pilot program, the Boston Medical Center ACCESS Project, opened its doors this year. The ACCESS Project—a collaboration between the Boston Medical Center, the Boston Public Health Commission, the State DMH and the BU School of Public Health, will provide transitional housing with stabilization services to chronically homeless persons with mental illness and other co-occurring disabling conditions. This program is funded by a grant from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). The program utilizes a housing first approach, and should provide an innovative model for engagement, housing and treatment for chronically homeless individuals with mental illness.

While the City and the State have come to recognize the many unmet needs of the dually diagnosed population, those suffering from co-occurring mental health and substance abuse issues, there continue to be inadequate services for persons. The split between the substance abuse and mental health service systems results in many of these clients receiving uncoordinated treatment, or no treatment at all. Current inpatient detoxification and treatment beds inadequately serve this doubly troubled population, leaving many on the streets and in shelters.

¹⁴ Formerly Bay Cove Mental Health.

TRANSITIONAL PROGRAMS

	Winter 2003-2004			Winter 2002-2003		
	Male	Female	Children	Male	Female	Children
BostonHomelessSvcs	4	2	0			
Porter Apts						
Project S.O.A.R.	70	20	0			
Safe Harbor	16	2	0			
Valentine Street	0	7	0	0	7	0
Wise Street	8	0	0	8	0	0
Brookview House	0	8	23	0	8	24
Casa Esperanza	26	0	0	26	0	0
Casa Esperanza-Latinas y Ninos	0	11	0	0	9	0
Crittenton-Hastings Transitional	5	23	54	4	32	75
Dennis McLaughlin Hs	0	10	11	0	10	8
Dimock Fort St.	0	11	7	0	11	12
EldersLiving@Home	30	20	0	33	14	0
Harbor Lights	29	30	0	58	54	0
Horizons House	0	8	11	0	18	15
CRJ/CREO	60	10	0	0	5	0
Nazareth House	0	5	10	0	8	10
NESHV Transitional	173	0	0	135	13	0
Pine Street Inn THP	58	0	0			
Portis Family House	0	5	8	0	5	7
Revision House	0	20	22	0	21	21
St Francis Next Step	16	15	0	21	18	0
Seton Manor	9	2	0	15	5	0
Shattuck Transitional	72	0	0			
Victory/Shepherd Hs	0	17	0	0	0	0
Victory/Transitional	6	0	0	5	0	0
Vctry/Women's Hope	0	9	0	0	7	0
Victory/Yetman Hs	0	5	0	0	7	0
YMCA Medeiros Prog	88	0	0			
YWCA Aswalos Hs	0	9	9	0	9	7
SUB-TOTALS:	670	249	155	305	261	179
TOTALS	1074*			745		

* Please note that several transitional programs formerly counted as adult shelter have now been correctly placed in the transitional program category. This accounts for the number of men counted more than doubling to **670**, up from **305** one year ago, as well as for a **44% increase** overall for this important sector of the Continuum of Care.

Transitional Programs

The City of Boston's Continuum of Care includes a wide range of transitional programs designed to assist families and individuals moving from homelessness to housing. Transitional programs assist clients with housing search, job training and vocational counseling, employment at a living wage, substance abuse recovery and relapse prevention, primary health care, budgeting, parenting classes, childcare, and other services that are critical to breaking the cycle of homelessness. Despite several years of level funding or cuts to services, the City of Boston has made enormous strides ensuring access to treatment, health care and behavioral health care for homeless persons who need such services. On the night of the census, there were **1,074** homeless men, women and children in transitional shelters and programs this year.

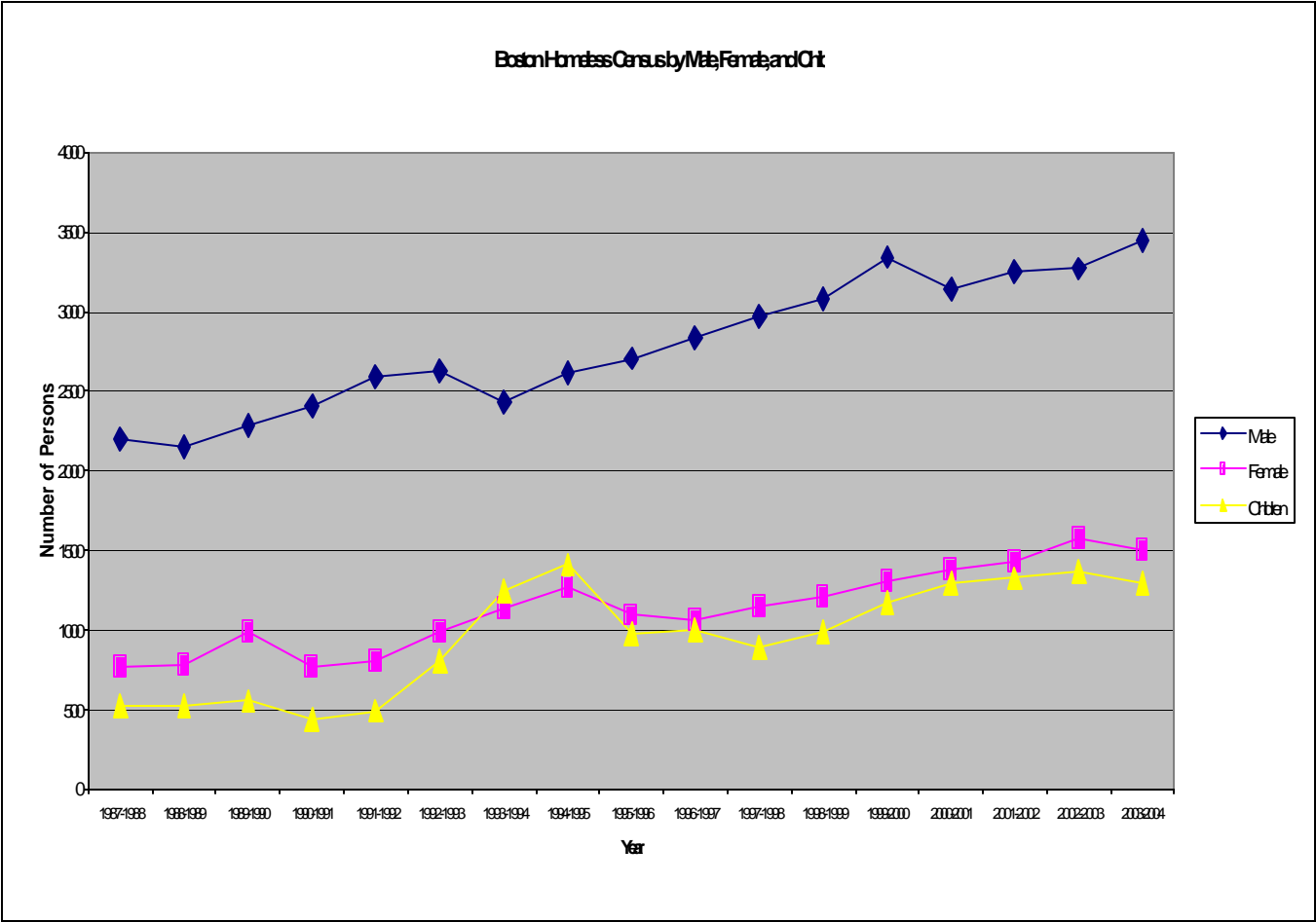
Our census now more accurately reflects Boston's efforts to create opportunities for individuals to return to self-sufficiency and community. Today nearly one-third of Boston's single adult shelter population, **919 of 2833** individuals, is in a transitional program where rehabilitation, job training and housing search services can be obtained. For many people, these programs provide critical next step placements after emergency shelter, where supportive services are matched to income and housing needs. Overall, **670** out of **2249** individual adult men (**30%**) were in transitional programs rather than basic emergency shelter. An even higher percentage, **249** out of **584** women (**43%**) were in transitional shelters.

Transitional programs supported by the City of Boston use a variety of strategies to increase access to existing resources in the communities and neighborhoods where people hope to find permanent housing. Transitional programs offer links to mainstream resources that homeless people need to regain stability and social support. Outreach and case management support for clients seeking employment, benefits and health care coverage are crucial for those returning to the work force. "One-stop-shopping" events such as the annual three-day Stand Down for Homeless Veterans provide these links in a manner that reaches a large number of people in a single location. This past year, a day long Job Fare was held in City Hall Plaza that invited prospective employers from area corporations such as Sodexo, Marriott, Bread and Circus and Home Depot to meet with applicants from several homeless transitional programs.

Partnerships are the key to the Boston Continuum of Care's successful response to the ongoing and emerging needs of homeless individuals and families in transition. This fall, Mayor Menino announced that the City of Boston and the Boston Private Industry Council had been awarded \$1.6 million dollars to fund an innovative pilot project called HomeWork. Funded by the federal Department of Housing and Urban Development (HUD) and the Department of Labor, HomeWork will provide shelter plus care subsidies and employment assistance services to chronically homeless individuals, to help them obtain permanent housing and jobs.

HOMELESS TOTALS

	Winter 2003-2004			Winter 2002-2003		
	Male	Female	Children	Male	Female	Children
Street Count	199	31	0	175	37	0
Adult Shelters	1579	335	0	2044	350	0
Family Shelters	19	272	424	9	217	333
Family Other	60	284	580	101	394	737
Domestic Violence	0	92	117	0	105	113
Adolescent	12	25	15	9	12	5
Hospital ER	14	3	0	20	3	0
Hospital Inpatient	235	56	0	142	42	0
Medical Respite	67	20	0			
Detox	149	27	0	237	55	0
Residential Treatment	222	38	0			
Mental Health	221	71	0	229	96	0
Transitional Shelters	670	249	155	305	261	179
TOTALS	3447	1503	1291	3271	1572	1367
GRAND TOTALS	6241			6210		



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